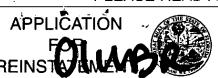
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS



FILED 01 DEC 27 AM 10: 05

DOCUMENT # P0000034649

1. Corporation Name

JACQUIE B., INC.

Principal Place of Business

Mailing Address

11220 SW 67TH AVE PINECREST FL 33156

SIGNATURE:

66M ==

10919 S DIXIE HWY #256 MIAMI FL 33156

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If above a	addresses are incorrect in any way, line th	rough incorrect in	formation and enter o	correction below.								
2. New Pri	incipal Office Address, If Applicable	3/ New Maili	g Office Address, If	Applicable 1	Date Incorporated or Qualified     To Do Business in Florida     04/05/2000							
Suite, Apt.	#, etc.	Suite, Apt. #,	etc. 75/0		5. FE! Number / Applied F							
City & State	8	- City Shate	100	=/		10-CD	1359	Not Applicable				
Zip	Country	Zip. 3.7	147 11	mi-I	6. SUPTIFICATE	OF STATUS DESIRED		ional.Fee required : ificate of Status				
7. Names	and Street Addresses of Each Officer and	/or Director (Flor	rida nonprofit corpora	tions must list at leas	st 3 directors)							
Title(s)	Name of Officers 2 and/or Directors			eet Address of Each icer and/or Director		4	City / State / Zip					
PSD	BOFILL, JACQUELINE S		11220 SW 67TH	I AVE		PINECREST FL 33156						
VTD	BOFILL, PEDRO L II		11220 SW 67TH	I AVE		PINECREST FL 33156						
					70	01/10/0 -01/10/0 ****150	5568 201084 00-***	017 )				
					i							
	8. Name and Address of Current	Registered Age	nt		9. Name and A	Address of New Regis	stered Agent					
	BEL-& UTRERA, P.A. NLMERIA AVENUE			Street Address (P.		onzalez is Not Acceptable)	C.P.A	•				
CORA	L GABLES FL 33134			=Suite; Apt. #, Etc	-1#	230						
				City	iam i	<u> </u>	State Zip Co	3166				
10. I, being	appointed the registered agent of the ab	ove named corpo	ration, am familiar wi	th and accept the obl	ligations of Secti	on 607.0505, F.S.						
				, as p p				ļ				
Signature of Registered	Agent Manuel R	EGISTERED AG	ENT MUST SIEN			Date						
this rein owed by	that I am an officer or director or the rece istatement application, the reason for diss y the corporation have been paid and the application is true and accurate, and my s	olution has been names of individ	eliminated, the corpo uals listed on this forr	rate name satisfies t m do not qualify for a	he requirements in exemption und	of section 607.0401 or	r 617.0401, F.S.	, that all fees				
2.1 4.10	<i>A</i> /	$\sqrt{2}$	<b>′</b>				<i>3</i> 05-∂	75-5/35				

ED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline Salazar Bofill

1 mil.

Jacquie B. Inc. 6919 S. Dixie Highway, #256 Miami, Florida — 33156

October 15, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida – 32314

To whom it May Conner:

Enclosed is my application and check in the amount of \$ 150.00. I did not receive the original notice and was advised by your offices that I needed to fill-out the attached application and notify your office in writing about not receiving original documents.

Thank you for your attention.

acqueline Satazan Bofill

Jacquie B., Inc

**Enclosures**